

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2003 - JUNE 30, 2004**

**COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS**

2004 JUL 14 PM 4:12

**THOMAS J PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA/AIS

Division/Unit: ADULT PROTECTIVE SERVICES

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	2	Hours	468	X	\$17.19	=	\$8,044.92
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Types of work performed by GENERAL VOLUNTEERS in this category:
Investigation of abuse allegations and related prevention activities.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	0	Hours	0	X	\$17.19	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	<u>X</u>	<u>VCL</u>	<u>=</u>	<u>Dollar Benefit</u>
					<u>\$0.00</u>
					<u>\$0.00</u>

No. Vol.	0	Total Hours	0	Total Value	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>2</u>	<u>468</u>	<u>\$8,045</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

TOTALS:	2	Total Hours	468	Total Value	\$8,044.92
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE = \$0.00

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours 60 X \$30.05

\$1,803.00

- b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours 80 X \$30.05

\$2,404.00

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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$4,207.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$4,207.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d \$8,044.92

b. Total of Donations to Volunteer Program, Item 3 \$0.00

c. Subtract Total of program Costs, Item 4d \$4,207.00

TOTAL PROGRAM BENEFIT:

\$3,837.92

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07/01/04 THU 11:00 FAX 658 495 5080

AGING & INDEPENDENCE SVC
FAX NO. 619 401 39902002
P. 05

JUL-01-2004 THU 08:48 AM APS

6. **RECRUITING:**

Please describe your recruiting programs:

AIS has a outreach worker that is a liaison with SDSU School of Social Work

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Website link for resources. Procedures/form brochure for new community program.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

We will have one MSW Intern in the APS program next fiscal year.

9. **GENERAL INFORMATION:**

Name of person completing report:

Joan Tierney and Nancy Garcia-Dr

Phone:

619/401-3770Mail Stop: W458

E-Mail:

joan.tierney@sdcounty.ca.gov

Volunteer Coordinator:

same

Phone:

Mail Stop:

E-Mail:

10. **DEPARTMENT CERTIFICATION:**Chuck Mott
DEPARTMENT HEAD SIGNATURE6/30/04
DATE

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